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DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION

(37 CFR 1.63)

OR

 □ Declaration Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2001-0134.02		
First Named Inventor	Timperman, Michael Ray		
COMPLETE	IF KNOWN		
Application Number			
Filing Date			
Group Art Unit			
Examiner Name			

As a balow named invol					
	ntor, I hereby declare that:				
My residence, post office	address, and citizenship are	as stated below next to my	name		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.					
Data Packet Cor	nmunication Devic	e			
the specification of which	(110	le of the Invention)			
is attached hereto OR					
was filed on (MM/D	)D/YYYY)	as Uniter	d States Applicat	tion Number or PCT International	
Application Number	and w	as amended on (MM/DD/Y)	YYY)	(ıf applicable)	
I hereby state that I have re	eviewed and understand the	contents of the above identif			
amended by any amendme	ent specifically referred to abo	ove			
I acknowledge the duty to c	disclose information which is	material to patentability as o	defined in 37 CFF	R 1 56	
I hereby claim foreign priority benefits under 35 U S C 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
Additional foreign applica	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto				
I hereby claim the benefit u	under 35 U S C 119(e) of any		application(s) liste	ed below	
Application Number	(5) Filing Date	e (MM/DD/YYYY)	number suppler	nal provisional application rs are listed on a mental priority data sheet	
			P10/5t	B/02B attached hereto.	

[Page 1 of 2]

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a valid OMB control number **Utility or Design Patent Application DECLARATION** -I hereby claim the benefit under 35 U S C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U S C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith X Customer Number 21972 Place Customer Number Bar Code OR Registered practitioner(s) name/registration number listed below abel here Registration Registration Name Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to X Customer Number OR Correspondence address below 21972 or Bar Code Label Name Address Address City State ZIP Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Timperman Michael Ray Inventor's 9-19.2001 Signature Date Versailles USA **USA** Residence City Citizenship 704 Beaver Park Post Office Address Post Office Address **USA** Versailles 40383 City Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Additional inventors are being named on the

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:				his unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname			
Jason Eric			Waldeck			
Inventor's Jason Eric Walded						Date 9/19/2001
Residence: City Lexington	ence: City Lexington State KY			Country USA		Citizenship USA
Mailing Address 3677 Park Pointe Drive						
Mailing Address						
City Lexington	ngton State KY ZIP 40509 Coun		Count	try USA		
Name of Additional Joint Inventor, if ar	ıy:			A petition has been fi	led for th	is unsigned inventor
Given Name (first and middle [if any]	<u>)</u>			Family Name or Surname		
Inventor's Signature						Date
Residence: City	State	<b>.</b>	Country		Citizenship	
Mailing Address						:
Mailing Address						
City	State			ZIP	Country	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname			
Tanniy Name of Gurhame						
Inventor's Signature						Date
Residence: City	State		Country			Citizenship
Mailing Address						***
Mailing Address				ŀ		
City	State			ZIP	Co	ountry

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